

臺北市立聯合醫院品質管理中心電子報

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18

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榮譽榜

105年度醫療品質暨病人安全成果發表會優秀團隊巡迴演講於106年1月20日辦理醫療品質暨病人安全成果發表會，活動席間總院長特別讚許居家、預立安寧及精實成果，並敦促團隊巡迴各院區分享，藉此達共同成長之目的。

<p>醫療品質暨病人安全成果自優團隊巡迴演講 第一場林森中醫昆明院區 (特會講堂)</p>	<p>醫療品質暨病人安全優秀團隊巡迴演講 和平婦幼院區(特會講堂)</p>	<p>醫療品質暨病人安全優秀團隊巡迴演講 陽明院區(特會講堂)</p>
<p>林森中醫昆明院區</p>	<p>和平婦幼院區</p>	<p>陽明院區</p>
<p>醫療品質暨病人安全優秀團隊巡迴演講 松德院區(特會講堂)</p>	<p>醫療品質暨病人安全優秀團隊巡迴演講 忠孝院區(特會講堂)</p>	<p>醫療品質暨病人安全優秀團隊巡迴演講 中興院區(特會講堂)</p>
<p>松德院區</p>	<p>忠孝院區</p>	<p>中興院區</p>
<p>醫療品質暨病人安全優秀團隊巡迴演講 仁愛院區(特會講堂)</p>	<ul style="list-style-type: none"> ➢ 提升門診血液透析病人的「預立安寧緩和醫療暨維生醫療抉擇意願書」簽署率陳芳琪護理師(仁愛院區/護理科洗腎室) ➢ 縮短住院病人辦理出院等候時間蕭凱鴻主任(和平婦幼院區/內科病房主任)、李金雲護理長(和平婦幼院區/護理科內科病房) ➢ 精神科病人跨團隊居家照護模式-與社區藥局牽手照護計畫楊淑瑜主任(松德院區/藥劑科) 	
<p>仁愛院區</p>	<p>優秀團隊</p>	

本期精采摘錄

◆ 臺北市立聯合醫院醫療品質暨病人安全獎勵



於106年3月13日績效評估小組第1次會議通過獎勵方案摘要
詳如請進入[醫品病安資訊網](#)。

◆ 106年度醫療品質訓練8月課程

時間：8月2日 9:00-16:30

課程名稱：【輔導員課程系列四-團結圈輔導
要領】

地點：婦幼院區七樓講堂



◆ 台北市政府衛生局辦理之「醫療安全品質提升提案獎勵計畫」活動

106年6月29日(四)13:00-17:00 仁愛院區檢驗大樓6樓大禮堂，
仁愛院區放射腫瘤科「提升放射治療病人的準時治療率」進入第二
階段，期待勇奪佳績並歡迎同仁踴躍參與~~~

醫療品質最新消息

- 臺北市立聯合醫院醫療品質暨病人安全獎勵於 106 年 3 月 13 日績效評估小組第 1 次會議通過獎勵方案摘要詳如請進入[醫品病安資訊網](#)。
- 台北市政府衛生局辦理之「醫療安全品質提升提案獎勵計畫」活動將於 106 年 6 月 29 日(四)13:00-17:00 仁愛院區檢驗大樓 6 樓大禮堂辦理**第二階段**，請仁愛院區放射腫瘤科「提升放射治療病人的準時治療率」，期待勇奪佳績並歡迎同仁踴躍參與～～～

➤ 醫病共享決策數位課程上架囉!!!!

課程名稱:醫病共享決策實踐運動暨標竿分享研討會

課程內容:

1. 廖熏香副執行長-醫病共享決策觀念回顧與釐清
2. 李宜恭主任-病人的最佳支持：決策引導員(coach)
3. 梁蕙雯副主任-決策輔助工具(Patient Decision Aids, PDAs)設計與運用
4. 呂秀惠執行長-醫療白話文運動-圖像式溝通與技巧
5. 吳碧娟管理師-醫病共享決策實踐運動說明
6. 張靜怡專員-2016 年計畫推行成果回顧

數位課程歡迎至[醫病共享決策平台線上觀看](#)



病人安全我關心

- 醫策會公告~為提升系統穩定性網址變更為「[醫院評鑑持續性監測系統](#)」
- 疾管署已於 106 年 5 月 5 日響應世界衛生組織（WHO）手部衛生活動，為有效防範抗生素抗藥性及醫療照護相關感染，響應方式如下：

- (一)利用 WHO「拯救生命：清潔雙手（Save Lives：Clean Your Hands）」網站（who.int/infection-prevention/campaigns/clean-hands/en/）及該署提供之各項工具辦理宣導活動及訓練。
- (二)使用該署設計象徵 WHO 四大行動對象之 Q 版圖卡或下載 WHO 提供之照相格式，於臉書、推特、Instagram 等社群軟體分享活動照片或影片，並置入主題標籤「#handhygiene」及「#antibioticresistance」。
- (三)運用該署製作之「防疫小尖兵、手衛一把罩（Be a Hero and Defend Health！Join the Preventive Measures Force）」動畫影片進行宣導。該影片已入選本年由 WHO 病人安全聯盟等主辦之「感染預防及管制國際研討會影片獎（2017 ICPIIC Clip Award）」，為一同共襄盛舉，提升我國國際能見度，請多加利用進行宣導。

相關訊息已公告於[疾管署全球資訊網手部衛生專區](#)，網址如下：



醫院評鑑有品質

- 衛生福利部公告「106 年度精神科醫院評鑑基準」、「106 年度精神科教學醫院評鑑基準」，詳情請點閱[公告網址](#)。
- 醫策會公告「106 年度精神科醫院評鑑及精神科教學醫院評鑑申報表件」，詳情請點閱[公告網址](#)。
- 本年度醫院評鑑及教學醫院評鑑委員共識會議已於 4 月 4 日、13 日及 17 日辦理完畢，公布醫院評鑑及教學醫院評鑑問答集、醫院評鑑及教學醫院評鑑之評鑑基準及評量項目與委員共識、修正對照表，供各界參考，詳情請點閱[公告網址](#)。

Safety Culture: A Daily Dose of Reporting and Learning

Mar 21, 2017

Daily operations briefings are enabling hospitals to identify safety risks and improve safety outcomes

**By Coleen Smith, RN, MBA, CPHQ, CPPS
Director, High Reliability Initiatives**

This is the first in a series of posts examining the 11 tenets of safety culture discussed in our SEA: The Essential role of leadership in developing a safety culture. This post examines the first tenet: Apply a transparent, nonpunitive approach to reporting and learning from adverse effects, close calls and unsafe conditions.

In the process of developing a safety culture, hospital leadership may be challenged to find a transparent, non-punitive approach to reporting and learning from adverse events, close calls and unsafe conditions – **an important tenet of safety culture identified in a 2017 Joint Commission Sentinel Event Alert.** An approach that is working for an increasing number of hospitals and health systems, including AnMed Health in Anderson, S.C., is the daily operations briefing.

Known by various names – daily safety call, daily check-in, safety briefing and others – these succinct everyday communications involve the CEO, chief medical officer, chief nursing officer and representatives from all clinical units. Usually lasting about 15 minutes, these briefings are designed to identify safety events that have occurred within the last 24 hours and safety risks anticipated within the next 24 hours, as well as to inform attendees about actions taken on issues previously identified.

By making a daily commitment to this kind of briefing, hospital leadership encourages the immediate, real-time identification of adverse events and unsafe conditions and makes them widely known. A daily briefing can enhance an organization's adverse event reporting system and its learning culture – primary features of a high-reliability organization. A briefing can turn adverse event reporting from a siloed effort managed by one department into a multi-disciplinary, daily event in which the entire organization participates.

At AnMed Health, 64 clinical and operational areas across the system participate on a 15-minute secure conference call with the CEO and other top executives at 8:30 a.m. each day. The calls are moderated by a consistent team of facilitators composed of Dale Duncan, director of medical affairs and Joint Commission liaison; Stephan Jones, manager of worker safety; Todd O'Quinn, director of worker safety; Jody Phillips, director of quality and patient safety; and Robert Pierce, director of performance and process improvement. In addition to the usual participants, AnMed Health board members have a standing invitation to participate in the calls, further emphasizing the system's top-to-bottom approach to safety culture.

醫療品質病安相關報導

AnMed Health has two acute care facilities located about 2 ½ miles from each other, as well as 65 physician practices. Call participants represent this physician practice network, operating rooms, diagnostic areas, patient care units, food and nutrition, information technology, the employee health service and more – every area within the system that has a potential impact on patient or worker safety. Many of these units gather in daily huddles at 8 a.m. to discuss safety issues and prepare for the daily operations briefing.

After each daily briefing, a team of 15 to 20 individuals debrief and decide how to further investigate or involve themselves or others in resolving the issues that have been identified. Recently, a briefing created awareness that 130 patients with the same or similar name as another patient were receiving care; this situation caused AnMed Health to issue a name alert process, which triggers protocols designed to prevent a mistaken identity and potential adverse event.

Among the tangible benefits created by the daily operations briefings at AnMed Health is a significantly reduced *C. difficile* infection rate – down 44 percent from its high. The briefings also have helped AnMed Health to better manage situations such as high patient volumes and flu outbreaks. In several cases, a briefing has identified a situation for which a hospital policy had to be clarified or newly created.

During daily operations briefings across the nation, hospital team members are providing the facts about patient safety risks. There's no judgment or retribution involved because they're spreading awareness. These briefings acknowledge that a hospital is operated by humans who function in imperfect systems and sometimes make mistakes, and the mistakes get all the way to the patients. Hospital leaders must figure out how to learn from those mistakes and what to do differently next time, versus punishing staff for system flaws and human error.

It's amazing to watch when hospitals figure out how to do daily operations briefings well. One CEO from another organization who was invited to call into an AnMed Health's daily briefing remarked, "I now know more about their hospital than I do mine."

The Joint Commission 2017 年提出營造病人安全文化首要原則，醫院領導者需以透明、非懲罰性方法來報告與學習不良事件；可藉由跨科別、跨領域小組，每日利用 15-20 分鐘的簡報，說明檢討醫院潛在不安全的訊息，更鼓勵同仁對於不安全的環境應立即性的提出，討論解決的方式與流程改善以降低風險，防範未來；更能讓組織能夠營造良好的病人安全文化。

參考資料：

https://www.jointcommission.org/the_view_from_the_joint_commission/safety_culture_reporting_and_learning/

課程預告

上課日期	課程名稱	課程大綱	對象	地點	講師
8月2日 9:00-16:30	輔導員課程系列四 團結圈輔導要領	1. 團結圈活動運作方式 2. 團結圈活動輔導要領說明 3. 常用改善手法一 流程图	1. 培訓之輔導員 2. 基層主管與擬 培訓之同仁 3. 醫品病安改善 團隊成員 4. 有興趣之同仁	婦幼院區 七樓講堂	毛綺如 顧問

備註：

1. 中衛團結圈考照需有 30 小時基礎及進階訓練時數及實際從事有關現場管理改善活動相關工作滿 3 年(含)以上。
2. 輔導員課程系列時數修滿 30 小時出具證明。
3. 午餐敬請自理。

■ [相關內容亦可連結本院醫品病安資訊網](#)